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SERIAL NUMBER 10/730,269	FILING DATE 12/09/2003  RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. 06809.0020-04000
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/081,436 02/20/2002 PAT 6,671,560

which is a CON of 09/466,266 12/17/1999 PAT 6,356,791

which is a CIP of 09/164,891 10/01/1998 ABN

which is a CIP of 09/097,101 06/12/1998 ABN

CH  
3/9/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE CH  
3/9/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Carl H. Sawyer</i>	INITIALS CH		
Verified and Acknowledged				

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## TITLE

Modified guidewire for left ventricular access lead

☐ All Fees

<p>FILING FEE</p> <p>RECEIVED 920</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit _____</td></tr></table>	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit _____
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